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## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED 11 2 7 2007 F

FORM D

OMB APPROVAL OMB Number:......3235-0076 Expires: April 30, 2008 Estimated average burden hours per form ...... 16.00

SEC USE ONLY

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	•	NOTICE OF SALE OF SECURITIES	Prefix	Serial
	THOMSON	PURSUANT TO REGULATION D,		
	FINANCIAL	SECTION 4(6), AND/OR	DATE RE	ECEIVED
		UNIFORM LIMITED OFFERING EXEMPTION		
ame of Offering	( check if this	s an amendment and name has changed, and indicate change.)	$\overline{}$	

Name of Offering ( check if this is an	amendment and name has changed, and indicate change.)						
Sale of Class A and Class B Ur	nits						
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section	on 4(6) ULOP					
Type of Filing: New Filing	Amendment	RECEIVED					
	A. BASIC IDENTIFICATION DATA	11					
1. Enter the information requested about th	ne issuer	< JUN % 0 Z007 //					
Name of Issuer ( check if this is an a	mendment and name has changed, and indicate change.)	k (2)					
Fontainebleau Equity Holdings, LLC							
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
2827 Paradise Road	Las Vegas, NV 89109	(702)-495-8100					
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone N					
(if different from Executive Offices)		LIERNI ANIII AREN ANIIA RIIRA ISPALIAIN REEN LUUI ITRA					
Brief Description of Business							
Holding Company for Resort,	Gaming and Convention Facilities	07068847					
Type of Business Organization		•					
corporation	limited partnership, already formed	other (please specify): limited liability					
business trust	☐ limited partnership, to be formed	company					
	Month Year	n e e e e e e e e e e e e e e e e e e e					
Actual or Estimated Date of Incorporation	0. 0.g	Actual Estimated					
Jurisdiction of Incorporation or Organization	on: (Enter two-letter U.S. Postal Sevice abbreviation for Sta	ne: DE					
	CN for Canada; FN for other foreign jurisdiction)	لكالكا					

## **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA				
2. Enter the information requested for the following:				
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>				
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition issuer;</li> </ul>	n of, 10% or m	ore of a clas	s of eq	uity securities of the
Each executive officer and director of corporate issuers and of corporate general and management.	ging partners o	of partnershi	p issue	rs; and
Each general and managing partner of partnership issuers.	-			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	ficer	Director		General and/or
Circuit Dox(cs) with ripping	_			Managing Partner
Full Name (Last name first, if individual)				
Soffer Fontainebleau Associates Limited Partnership				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive O	fficer 🗌	Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
PBL Overseas (CI) Limted				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Publishing and Broadcasting Limited Level 2, 54 Park Street	Sydney	NSW.	Austr	alia, 2000
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of		Director	$\boxtimes$	General and/or
Check box(cs) unit rippi).	_			Managing Partner
Full Name (Last name first, if individual)		<u>.</u>		
Fontainebleau Equity Holdings Voteco, LLC			_	
Business or Residence Address (Number and Street, City, State, Zip Code)				
2827 Paradise Road Las Vegas, NV 89109				
Check Box(es) that Apply: Promoter Beneficial Owner Executive O	fficer 🛛	Director		General and/or Managing Partner
Full Name (Last name first, if individual)			<del></del> -	
Soffer, Jeffrey				
Business or Residence Address (Number and Street, City, State, Zip Code)				
2827 Paradise Road Las Vegas, NV 89109				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	fficer 🛛	Director		General and/or
				Managing Partner
Full Name (Last name first, if individual)	· <u>-</u>	-3-1-1-	_	
Schaeffer, Glenn				
Business or Residence Address (Number and Street, City, State, Zip Code)			-	<del> </del>
2827 Paradise Road Las Vegas, NV 89109				
Check Box(es) that Apply: Promoter Beneficial Owner Executive O	fficer 🛛	Director		General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Kotite, Albert				
Business or Residence Address (Number and Street, City, State, Zip Code)				
2827 Paradise Road Las Vegas, NV 89109				
Check Box(es) that Apply: Promoter Beneficial Owner Executive O	fficer 🔲	Director		General and/or
Freeman, James				
Full Name (Last name first, if individual)		-		
2827 Paradise Road Las Vegas, NV 89109				
Business or Residence Address (Number and Street, City, State, Zip Code)	<del>-</del>			

B. INFORMATION ABOUT OFFERING				
		Yes	No	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?				
Answer also in Appendix, Column 2, if filing under ULOE.				
2. What is the minimum investment that will be accepted from any individual?			<del></del>	
3. Does the offering permit joint ownership of a single unit?		Yes ⊠	N <sub>0</sub>	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any	commission or	_		
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person	n to be listed is			
an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you m	ay set forth the			
information for that broker or dealer only.	•			
Full Name (Last Name first, if individual)				
Merrill Lynch, Pierce, Fenner & Smith Inc.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
250 Vesey Street, New York, NY 10080				
		<del></del>		
Name of Associated Broker or Dealer				
Merrill Lynch, Pierce, Fenner & Smith, Inc.				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		⊠ All :	Ctotos	
(Check "All States" or check individual States)				
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI	* • •	[ID] [MO]		
		[ PA ]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [W		[ PR ]		
Full Name (Last Name first, if individual)				
run Name (Last Name tirst. ii motviduar)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		All		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA	,	[ ID ]		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI		[ MO ]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OH] [NT] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [W	• -	[ PA ] [ PR ]		
(id) [sel [sel [in]]	., [ ]	[ ]		
Full Name (Last Name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
·				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		□All	States	
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [W	/I ] [ WY ]	[ PR ]		

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PRO	CEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		gregate ring Price	Ar	nount Already Sold
	Debt	\$	0.00	<b>s</b>	0.00
	Equity (Class A and Class B Common Units)	\$ 375,000	0,012	\$ <u>375</u>	,000,012
	Convertible Securities (including warrants)	\$	0.00	\$	0.00
	Partnership Interests	\$	0.00	\$	0.00
	Other (Membership Interests)	\$	0.00	\$	0.00
	Total	\$ 375,00	0,012	\$ <u>375</u>	5,000,012
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			umber vestors	-	Pollar Amount of Purchases
	Accredited Investors		17	\$ <u>375</u>	5,000,012
	Non-accredited Investors		0	<b>\$</b>	0
	Total (for filings under Rule 504 only)			<b>s</b>	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	-			N. H A
	Type of offering		ype of ecurity	L	Oollar Amount Sold
	Rule 505		J	\$	
	Regulation A			s	
	Rule 504			s —	
	Total			<u> </u>	-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	<b>s</b> _	
	Printing and Engraving Costs		🗆	\$	
	Legal Fees		🖾	\$ <u>1</u>	,000,000
	Accounting Fees	•••••	🗖	<b>s</b> _	<u></u>
	Engineering Fees		🗖	\$	
	Sales Commissions (specify finders' fees separately)	***************		\$	
	Other Expenses (consulting fees)	•••••	🗆	<b>\$</b> _	<u></u>
	Total		🛛	\$ <u> </u>	,000,000

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."		•	\$ 374,000,012
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross	1	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□ \$	. DS
	Purchase of real estate			
	Purchase, rental or leasing and installation of mad and equipment	chinery		. <b>\  \$</b>
	Construction or leasing of plant buildings and fac	cilities	_ _ \$	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	— □ <b>\$</b>	
	Repayment of indebtedness			<del></del>
	Working capital		_	
	Other (specify): (general corporate purpos		_	<del></del>
	wholly-owned subsidiaries for general		□ Ψ	<u>a</u> <u>3,1,000,01</u>
				. 🗆 \$
	Column Totals			
	Total Payments Listed (column totals added)		<b>X</b> \$_3	74,000,012
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commi-	ssion, upon writte	
İssi	uer (Print or Type)	Signature ()	Date ,	· <del>_</del> ······
	Containebleau Equity Holdings, LLC	(h2	6/ce/	1 07
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type) Authorized Signatory	- , ,	
	James Freeman			

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)